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THE EFFECTS OF PROFESSIONAL TITLE ON RATINGS OF COUNSELOR EFFECTIVENESS

by

© Sandra Yates Kimmis

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

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OF

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "The Effects of Professional Title on Ratings of Counselor Effectiveness" submitted by Sandra Yates Kimmis in partial fulfilment of the requirements for the degree of Master of Education.

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Supervisor

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Date.. April 18, 1977 ....

To William Anthony Yates whose wisdom, support, and love made a significant difference to his daughter.

ABSTRACT

This study was designed to evaluate the effects of professional title on rated counselor effectiveness. 120 education students were randomly assigned to one of three treatment groups. Although all Ss viewed the same film, those Ss in Group I were informed that they would be watching a film of a counseling interview conducted by a Psychiatrist, the Ss in Group II that the interview was conducted by a Psychologist, and the Ss in Group III that the interview was conducted by a Social Worker. The counseling interview used was the first ten minutes of the interview of Dr. Carl Rogers taken from Three Approaches to Psychotherapy (1965).

After viewing the film the Ss were asked to complete the Counseling Evaluation Inventory (Linden, Stone & Shertzer, 1968) and the Rating Scale of Counselor Effectiveness (Ivey, 1967), and two additional questions designed to examine the area of referral with respect to the three treatment categories.

A one-way analysis of variance was carried out on the scores of the Counseling Evaluation Inventory and the Rating Scale of Counselor Effectiveness. Chi-Square tests were used to analyze the results of the Ss responses to the referral questions. With respect to the Counseling Evaluation Inventory and Rating Scale of Counselor Effectiveness no significant differences were found between the three treatment groups. There was, however, with respect to the Ss preferred choice for referral, a significant difference ($p < .01$)

which was independent of the treatment groups, and within which the professions were ranked in the following order: Psychologist, Psychiatrist, Social Worker.

The results of this research do not indicate a relationship between professional title and rated counseling effectiveness. There was, however, support for significant differences in preferred source of referral.

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CHAPTER I

INTRODUCTION

Introduction to the Problem

Much of the research in the area of counseling psychology has attempted to delineate those characteristics of the counselor which enhance his probability of helping the client. The purpose of this research is to examine one of the characteristics of the counselor which relates to the effectiveness of the counseling process. The particular focus is on the relationship between the credibility of the counselor (as defined by his professional title) and his rated therapeutic effectiveness. More specifically, it deals with the question of whether potential clients tend to give higher ratings of counselor effectiveness to therapists of certain professions than to therapists of other professions, and whether they prefer a particular professional group as a choice for referral.

Background to the Problem

In recent years psychotherapy or counseling has gained increasing popularity as a means of achieving a "healthy adjustment", and concomitantly, there has been an increasing demand for therapeutic services - a demand which has been difficult to fulfill because of the lack of qualified personnel (Reisman, 1963). For example, in Edmonton the period a prospective client may have to

wait to see a qualified psychiatrist on an outpatient basis can vary from four to twelve weeks, and vacancies on the psychiatric units of general hospitals are rare. Because of their medical training, psychiatrists are able to evaluate the physiological as well as the psychological state of the client. However, when physiological factors can be ruled out and verbal therapy or counseling is the major consideration, it is the opinion of the author that there is a preference for psychiatric services as opposed to those of psychologists or social workers. In part, this preference may be accounted for in terms of the credibility attributed to psychiatrists by prospective clients. In other words, psychiatrists are perceived as having more expertise than psychologists or social workers, and are therefore seen as more effective counselors.

The theoretical foundations for the above can be found in counseling and social psychology. Despite differing views of the nature of man and of the structure of the therapeutic process, common to the outcome of most all types of counseling is the assumption of changes in the thinking, feeling and behavior of the client (Haley, 1963; Rogers, 1951; Truax & Carkhuff, 1967). The research based on the theories of Festinger (1957), and Hoveland, Janis and Kelley (1953) emphasize the importance of the communicator's or counselor's perceived credibility in influencing this behavior change (Aronson, Turner & Carlsmith, 1963; Bockner & Insko, 1966; Zimbardo, 1960). Strong (1970), in support of the above, states

"The client's perception of the counselor's expertness is one of the factors which moderates the degree to which the client will change his views to those of the counselor rather than discredit the counselor" (p. 81).

It would seem that clients are more likely to seek out the most highly credible or expert counselors available. Simon (1973) emphasizes the importance of client preferences, and suggests that the strength of the client's preference for a particular therapist influences the effectiveness of therapy. He goes on to state, "Three variables that patient's can usually assess immediately, either before or during the first session, are the therapist's age, sex and title" (p. 146).

The Problem

This study is designed to evaluate whether the credibility of the counselor (specifically the credibility associated with professional titles) influences the rated effectiveness of that particular counselor. It is based on the premise that the rated effectiveness of the counselor varies as a function of the counselor's professional title.

Specifically, the following questions were asked:

1. Do Ss rate therapists/counselors of certain professions as more effective than therapists/counselors of other professions as measured by the Counseling Evaluation Inventory and the Rating Scale of Counselor Effectiveness (see Appendix B)?

2. Do Ss prefer a particular professional group (Psychiatrist, Psychologist, Social Worker) as a choice for referral.

Definition of Terms

1. Counselor Credibility: For the purposes of this study credibility or expertness is defined exclusively by professional title, specifically the titles of Psychiatrist, Psychologist and Social Worker. Strong and Schmidt (1970) found that perception of a counselor as an expert is influenced by objective evidence of specialized training such as titles.
2. Counseling Effectiveness: This has been determined by the measurements obtained from the Counseling Evaluation Inventory (Linden, Stone & Shertzer, 1968), and the Rating Scale of Counselor Effectiveness (Ivey, 1967).
3. Preferred Referral Choice: This will be measured by the Ss responses to the following questions which were devised by the author;
   a. Would the S refer a relative to the therapist viewed on the film?
   b. Which professional would the S choose as therapist for the client viewed on the film from the choices of Psychiatrist, Psychologist or Social Worker?

Limitations

1. The population sampled consisted of Education students at

the University of Alberta. Generalization of the findings to other groups should be made carefully.

2. The Ss viewed a film of an interview and may perceive the effectiveness of the counselor differently than they would if they were the client being counseled.

3. Since this is an analogue study, it is possible that in a real life situation where a client is under stress and seeking immediate relief the professional title of the counselor may not affect the client's perception of the counselor's effectiveness.

4. The counseling technique observed by the S's is Rogerian, or Client-Centered therapy. The results of this study may not apply to other Rogerian therapists and/or therapeutic techniques.

5. The client observed in the film presented with a general personal problem. The results of this study may not apply when the client presents with a problem of a different nature (i.e. a psychotic disorder). Because the client is generally seen as being mildly neurotic perhaps the referral to a Psychiatrist would have been inappropriate.

CHAPTER II

REVIEW OF THE LITERATURE

The theoretical and empirical foundations of this research draw heavily from both counseling and social psychology. The research generated in these areas has established that some of the counselor characteristics which influence counseling effectiveness are the counselor's number of years experience, reputation as an expert, use of technical language and professional title (Aronson, Turner & Carlsmith, 1963; Atkinson & Carskaddon, 1975; Bochner & Insko, 1966; Di Nardo, 1975; Hartley, 1969; Schmidt & Strong, 1970; Strong, 1968). There has been considerable research done in the areas of counseling outcome and the reduction of cognitive dissonance, however, it is only peripherally related to this topic. Therefore, only the literature which deals specifically with the effects of the aforementioned characteristics will be dealt with in the following review.

Much of the research done in this area has concerned itself with the effects of communicator credibility on opinion change. Aronson, Turner and Carlsmith (1963) carried out a study in which the Ss (female college students) were exposed to a persuasive communication which was identical for all groups except for the extent of discrepancy between the opinions of the Ss and the

opinions of the communicator, and differences in the credibility of the communicator. Discrepancy was assigned three levels (small, medium and large), and communicator credibility two levels (high and mild). They found that the highly credible communicator (an expert on poetry) induced more opinion change than the mildly credible communicator (a student) over all levels of discrepancy. Bochner and Insko (1966) reported similar results in a study in which three variables were manipulated: discrepancy (nine levels), source credibility (high or medium), and order of opinion disparagement (two levels). The high credibility source was described as a Nobel prize winning physiologist, and the medium credibility source as the director of a Y.M.C.A. The Ss were students in introductory psychology and education courses. The authors reported that medium and high credibility sources do not differ at the moderate discrepancy levels, but that high credibility sources are superior at extreme discrepancy levels. Strong and Schmidt (1970) carried out a study in which expertness of the counselor (as defined by introduction and role) was varied at two levels, expert (a PhD psychologist) and inexpert (a student). The Ss (male university students) initially completed the Edwards Personal Preference Schedule (EPPS) and were then interviewed by either the expert or inexpert counselor. Following the interview the Ss again completed the EPPS, and questionnaires rating the expertness of the counselor, and the Ss' reaction to the interview. Significant differences were

found in the Ss changes in self ratings in the expert condition. In brief, there does seem to be support for the influence of counselor credibility on opinion change.

There is also some evidence in the literature to suggest that perceived credibility is related to role introduction. Hartley (1969) manipulated counselor credibility using introductions which described pertinent information regarding professional qualifications and experience. The introductions used described the counselor as being highly credible (a qualified and experienced professional), or mildly credible (a graduate student with limited experience). The Ss (fifth grade students) were counseled in 45 minute sessions twice weekly over a period of 5 weeks. Prior to the beginning of counseling and immediately after the second session each week the Ss were asked to rate the counselor on the Counselor Rating Scale (CRS). It was found that by manipulating the counselor's credibility by means of introductions which described certain information regarding his professional qualifications and experience significant differences could be produced in the perceived credibility of the counselor. In other words, the qualified and experienced counselor received significantly higher ratings on the CRS than the graduate student counselor. Although counseling interaction resulted in significant changes in the perceived credibility of the counselor, the initial differences persisted throughout the experiment.

In a related study, Atkinson and Carskaddon (1975) investigated the effects of assigning high and low levels of counselor prestige in an introduction. The Ss were volunteers drawn from varied community sources (i.e. a community college introductory psychology class, a county mental health clinic, drug abuse programs in both a male and female correctional facility). They were asked to rate 15 minute videotapes in which the counselors were introduced as a PhD counseling psychologist who has been in private practice for four years, or a first year graduate student training to be a counselor. The criterion instrument employed was a semantic differential questionnaire designed to measure the following five concepts: (a) The counselor's knowledge of psychology, (b) the counselor's ability to help the client, (c) the counselor's willingness to help the client, (d) the counselor's comprehension of the client's problems, (e) the counselor on the videotape as someone S would go to see if "I had a problem". They concluded that individuals perceive a counselor as a more credible source of assistance when he is introduced as a highly prestigious professional than when he is assigned a low level of expertness.

There is, however, little evidence in the literature to support a client's preference for any one particular professional group. Di Nardo (1975) had his Ss (graduate students in clinical psychology) diagnose a patient after seeing a videotape. The Ss were then informed of the ratings on the same patient which were done by a

psychiatrist or psychologist, and asked to re-rate the patient. He concluded that in the area of diagnostic assessment the graduate students gave significantly more weight to the opinions of the psychiatrists than to the opinions of psychologists. Simon (1973) asked college students and members of an adult education class to assume that they had a personal problem, and that six therapists had been equally highly recommended to them. The only differences between these therapists were their titles. The Ss were asked to rank the therapists from one they would be most likely to consult (a rank of 1) to the one they would be least likely to consult (a rank of 6). The order of preference indicated by these Ss was; 1) Psychiatrist, 2) Psychologist, 3) Psychoanalyst, 4) "Emotional Counselor" [undefined], 5) Behavioral Consultant and 6) Social Worker.

In summary, there is some evidence in previous research for the influence of various indices of counselor credibility on opinion change, and the influence of role introduction on perceived credibility. Although Di Nardo (1975) indicates that more weight is given to the opinion of psychiatrists as opposed to psychologists in the area of diagnosis, there is no evidence to suggest that the professional title of the counselor is related to rated effectiveness. It is the purpose of this research to evaluate whether a counselor's professional title influences his rated effectiveness, and whether there are any preferences for referring to a particular profession in line with the findings of Simon (1973).

CHAPTER III

METHOD

Procedure

The counseling interview used for this research project has been taken from the Carl Rogers segment of the film Three Approaches to Psychotherapy (1965). The first ten minutes of Rogers' interview with the client, Gloria, was shown to the Ss. The initial sixty seconds during which Rogers introduces himself as Dr. Carl Rogers has been deleted. Prior to the presentation of the film the Ss were given a handout which they were asked to read. The cover sheets for these handouts are divided into three different groups (see Appendix A). The Group I cover sheets introduce the therapist as a "fully qualified Psychiatrist", the Group II cover sheets introduce the therapist as a "fully qualified Psychologist", and the Group III cover sheets introduce the therapist as a "fully qualified Social Worker". The rest of the handout was comprised of the Counseling Evaluation Inventory, a Rating Scale of Counselor Effectiveness and four additional informational questions (see Appendix B) which the Ss were asked to complete after viewing the film. The handouts were passed out to the Ss in a random order.

Subjects

The subjects for this study consisted of students enrolled in Educational Psychology 411 at the University of Alberta, Edmonton. Four different sections of the Ed Psych 411 were used resulting in a total of 138 Ss. However, eight of the evaluation forms were incomplete, and ten of the Ss recognized Dr. Rogers, therefore these were omitted from the analysis. For the purposes of analysis the total N = 120; Group I = 40, Group II = 39, and Group III = 41.

Criterion Instruments

Immediately after viewing the film the Ss were asked to complete a modified version of the short form of the Counseling Evaluation Inventory (CEI), a Rating Scale of Counselor Effectiveness developed by Ivey (1967) and four additional questions (see Appendix B).

The 21-item CEI questionnaire consists of three factors each rated on a five-point Likert scale (i.e. always, often, sometimes, rarely, never). The three factors include (a) counseling climate, (b) counselor comfort, and (c) client satisfaction. These factors have been found to be correlated with positive counseling outcome (Rickabaugh, Heaps & Finley, 1972). Two items of the original form have been deleted (reducing the questionnaire to 19 items) because they refer to psychological testing which is not discussed during the filmed interview. The term "client" has been substituted for "I" because the Ss are not rating a counselor who they have actually

seen. The terms "Psychiatrist", "Psychologist" and "Social Worker" have been substituted for the term "counselor" in the appropriate treatment groups. This instrument was developed by Linden, Stone and Shertzer (1968). They found that the median test-retest reliability coefficient computed among all the scale scores or total score indices for the CEI was .72. Using counselor candidates practicum grades as a criterion, congruent or discriminative validity at or beyond the .05 level was demonstrated for the factor scales and total scores of the 21-item CEI.

The Rating Scale of Counselor Effectiveness developed by Ivey (1967) consists of 25 pairs of descriptive items which are rated on a five point continuum. At this time no information on the reliability or validity of this scale was found. It was included in the present study in the hope that it would provide information about areas not covered by the CEI. Questions 45 and 46 on page three of the handout were designed to examine the area of referral with respect to the three treatment groups. Questions 47 and 48 were designed to screen out any Ss who recognized the therapist and/or misunderstood the directions on the cover sheet.

Design

The mean scores for the total and three factors of the CEI (counseling climate, counselor comfort, client satisfaction), and the mean scores for the total and the 25 items of the Rating Scale of Counselor Effectiveness were analyzed using a one-way analysis of variance (Ferguson, 1971). A Chi-Square test has been used to

analyze the results of questions 45 and 46. While there is some support for the hypothesis that psychiatrists might be more highly rated than either psychologists or social workers (Simon, 1973), a directional hypothesis has not been stated because variables in the area of counseling research have shown considerable fluctuation (Fiske, 1975). Therefore, the null hypothesis, which asserts that no differences exist between treatment means, was stated, and a two tailed or nondirectional test has been used. The significance level has been set at .05.

Hypotheses

Hypothesis I: There will be no differences between occupational (or professional) treatment means (psychiatrist, psychologist, social worker) for the total score and the three factor scores of the CEI.

Hypothesis II: There will be no differences between occupational (or professional) treatment means for the total score and 25 items of the Rating Scale of Counselor Effectiveness.

Hypothesis III: There will be no differences between the occupational treatment groups in their response to question 45 (Would you refer a relative to this therapist?).

Hypothesis IV: There will be no differences between the occupational treatment groups in their response to question 46 (If given a choice, I would refer a client such as Gloria to a...

1. Psychiatrist, 2. Psychologist, 3. Social Worker).

Hypothesis V: There will be no significant differences in the overall Ss referral choice as indicated by their response to question 46.

CHAPTER IV

RESULTS

Description of the Population

A total of 138 Educational Psychology 411 students were tested. Of these 8 questionnaires were left incomplete, and 10 Ss indicated that they recognized the therapist, reducing the total N to 120. In the Psychiatrist group, Group I, there were 26 females and 14 males, for a total of 40. In the Psychologist group, Group II, there were 21 females and 18 males for a total of 39. And, in the Social Worker group, Group III, there were 26 females and 15 males for a total of 41. Although there were more women than men this was consistently true across all three groups. Table I provides a summary of the sex breakdown, and gives the mean age for each group. A one-way ANOVA carried out on the mean ages indicated that there were no significant differences between the three groups (see Appendix C).

Results of Counseling Evaluation Inventory

A one-way analysis of variance was carried out to test the differences between the means of the three groups on the scores of the three factors (Client Satisfaction, Counselor Comfort, Counseling Climate), and the total score of the Counseling Evaluation Inventory. A summary of these means is presented in Table II. The null hypothesis was assumed, i.e. that there would be no significant differences

TABLE I

SEX AND AGE DISTRIBUTION OF THREE TREATMENT GROUPS

Group	Females	Males	Total N	Mean Age
I - Psychiatrist	26	14	40	23.65
II - Psychologist	21	18	39	24.05
III - Social Worker	26	15	41	22.05
Total	73	47	120	23.23

TABLE II

MEAN COUNSELING EVALUATION INVENTORY SCORES

Treatment	Client Satisfaction	Counselor Comfort	Counseling Climate	Total CEI
Group I	15.23	20.08	38.25	73.55
Group II	15.18	19.38	38.08	72.64
Group III	16.66	20.95	38.90	76.51

TABLE III

SUMMARY OF ANALYSIS OF VARIANCE FOR COUNSELING EVALUATION INVENTORY

Variable	DF	MS	F	P
Client Satisfaction	2	28.63	2.41	0.094
Counselor Comfort	2	24.69	1.68	0.191
Counseling Climate	2	7.66	0.24	0.787
Total CEI	2	165.16	1.31	0.274

between the means of these four scores for the three groups. The results are summarized in Table III.

There were no significant differences between the three groups on the mean scores for the three factors of Client Satisfaction, Counselor Comfort or Counseling Climate, or on the total score of the CEI.

In sum, Hypothesis I was not rejected.

Results of Rating Scale of Counselor Effectiveness

A one-way analysis of variance was carried out to test the differences between the mean scores of each item, and the total score of the Rating Scale of Counselor Effectiveness. A summary of these means is presented in Table IV. The null hypothesis was assumed. The results of this test are summarized in Table V.

There were no significant differences between the mean scores of the three groups for any of the items or the total score of the Rating Scale of Counselor Effectiveness.

In sum, Hypothesis II was not rejected.

It might be noted that on the Rating Scale of Counselor Effectiveness the therapist was rated consistently lower on some items, and consistently higher on other items. For example, for the descriptor "colorless" the therapist received a mean score of 2.45, for "boring" a means score of 2.82, and for "dull" a mean score of 2.85. On the other hand, the therapist received a mean score above 4.00 on the following descriptors; careful (4.03),

TABLE IV

MEAN RATING SCALE OF COUNSELOR EFFECTIVENESS SCORES

Variance	Group I	Group II	Group III
sensitive - insensitive	3.76	3.95	4.02
relevant - irrelevant	3.55	3.79	3.93
nervous - calm	4.40	4.08	4.32
confident - hesitant	3.53	3.74	3.59
skilled - unskilled	3.82	4.00	3.98
attentive - unattentive	4.60	4.56	4.61
comfortable - uncomfortable	4.08	3.90	4.17
interesting - dull	2.65	2.87	3.02
confused - sensible	3.70	3.82	3.93
confident - doubts his ability	3.80	3.92	3.78
gloomy - cheerful	3.05	3.13	3.34
calm - jittery	4.33	4.18	4.37
intelligent - unintelligent	3.85	4.13	4.00
irresponsible - responsible	3.98	4.05	4.24
sincere - insincere	4.33	4.10	4.34
apathetic - enthusiastic	3.23	3.20	3.37
tense - relaxed	3.98	3.85	4.15
colorful - colorless	2.50	2.26	2.59
boring - interesting	2.83	2.62	3.00
formed - formless	3.10	3.31	3.27
unreal - real	3.82	3.72	3.95
sociable - unsociable	3.55	3.82	3.95
shallow - deep	3.13	3.05	3.89
careless - careful	4.00	4.08	4.02
polite - rude	4.70	4.33	4.51
Total Score	92.20	102.54	95.56

TABLE V

SUMMARY OF ANALYSIS OF VARIANCE FOR RATING SCALE OF COUNSELOR EFFECTIVENESS

Variable	DF	MS	F	p
sensitive - insensitive	2	0.66	0.86	0.427
relevant - irrelevant	2	1.48	1.64	0.198
nervous - calm	2	1.11	1.13	0.328
confident - hesitant	2	0.50	0.37	0.689
skilled - unskilled	2	0.36	0.37	0.691
attentive - unattentive	2	0.02	0.05	0.949
comfortable - uncomfortable	2	0.77	0.88	0.419
interesting - dull	2	1.43	1.10	0.336
confused - sensible	2	0.52	0.58	0.561
confident - doubts his ability	2	0.24	0.21	0.811
gloomy - cheerful	2	0.92	1.16	0.319
calm - jittery	2	0.38	0.51	0.604
intelligent - unintelligent	2	0.77	0.94	0.394
irresponsible - responsible	2	0.78	1.11	0.334
sincere - insincere	2	0.70	0.96	0.385
apathetic - enthusiastic	2	0.31	0.37	0.694
tense - relaxed	2	0.91	0.99	0.374
colorful - colorless	2	1.16	1.39	0.253
boring - interesting	2	1.48	1.46	0.238
formed - formless	2	0.48	0.52	0.593
unreal - real	2	0.55	0.58	0.560
sociable - unsociable	2	1.69	1.71	0.185
shallow - deep	2	1.28	1.32	0.272
careless - careful	2	0.06	0.07	0.931
polite - rude	2	1.33	2.18	0.118
Total Score	2	1096.00	0.65	0.525

comfortable (4.05), responsible (4.09), calm (4.26), sincere (4.26), calm (4.29), polite (4.51), and attentive (4.59).

Results of Question 45

A chi-square test of goodness of fit, and a chi-square test of independence were carried out to analyze the Ss responses to question 45 - "Would you refer a relative to this therapist?" A breakdown of the Ss responses are presented in Table VI. The null hypothesis was assumed.

Summing across the three treatment groups (goodness of fit) no significant differences were found in the Ss responses to question 45 ($X^2 = 2.70$; $.10 < p < .20$). No significant differences were found between the proportions of the three groups (independence) in their responses to question 45 ($X^2 = 0.16$; $.90 < p < .80$).

In sum, Hypothesis III was not rejected.

Results of Question 46

A chi-square test of goodness of fit, and a chi-square test of independence were carried out to analyze the Ss responses to question 46 - "If given a choice, I would refer a client such as Gloria to a... Psychiatrist, Psychologist, or Social Worker." A breakdown of the Ss responses are presented in Table VII. The null hypothesis was assumed.

Summing across the three treatment groups (goodness of fit) significant differences were found in the Ss responses to question 46 ($X^2 = 31.26$; $p < .01$). The significance of the chi-square can

TABLE VI

A SUMMARY OF THE RESPONSES
OF THREE TREATMENT GROUPS TO QUESTION 45

Choice	Treatment			
	Group I	Group II	Group III	Total
Yes	22	23	24	69
No	18	16	17	51
Total	40	39	41	120

TABLE VII

A SUMMARY OF THE RESPONSES
OF THREE TREATMENT GROUPS TO QUESTION 46

Choice	Treatment			
	Group I	Group II	Group III	Total
Psychiatrist	15	11	14	49
Psychologist	18	24	23	65
Social Worker	7	4	4	15
Total	40	39	41	120

be accounted for primarily by the large proportion of Ss who choose Psychologist and the small proportion of Ss who choose Social Worker. These differences are independent of the treatment as no significant differences were found between the proportions of the three groups (independence) in their responses to question 46 (X^2 = 2.80; .70; $p < .50$).

In sum, Hypothesis IV is not rejected. On the other hand, Hypothesis V is rejected.

Correlational Analysis

A 32 x 32 correlation matrix was computed that included all the data relevant to this study. Presented in Table VIII are, in the author's opinion, the five most relevant indices. It should be noted that there is a great deal of correlation between the three factors of the CEI. Moreover, there were significant positive correlations between the Rating Scale of Counselor Effectiveness and the factors and total score of the CEI.

Summary

There were no significant differences between the three treatment groups on the Counseling Evaluation Inventory, the Rating Scale of Counselor Effectiveness and questions 45 and 46. However, with respect to the Ss preferred choice for referral, what did emerge was a significant difference (summed across the groups), within which the professions were ranked in the following order: Psychologist, Psychiatrist, Social Worker.

Implications are discussed in Chapter V.

TABLE VIII

A SUMMARY OF THE CORRELATIONS BETWEEN SELECTED VARIABLES

	1	2	3	4	5
1. Client Satisfaction	1.0	.54*	.56*	.77*	.33*
2. Counselor Comfort		1.0	.74*	.88*	.36*
3. Counseling Climate			1.0	.92*	.37*
4. Total CEI [1+2+3]				1.0	.41*
5. Total Rating Scale of Counseling Effectiveness					1.0

* $p < .01$, N = 120

CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this study was to examine one of the counselor characteristics, professional title, which prior research has indicated is related to counselor effectiveness (Schmidt & Strong, 1970; Strong, 1968). The specific questions which were asked were 1) Do individuals tend to give higher ratings of counselor effectiveness to therapists of certain professions, and 2) Do individuals prefer a particular professional group as a choice for referral? Any discussion of the results and conclusions of this research must be examined within the context of the limitations mentioned in Chapter I. The population sampled was restricted to Educational Psychology students, the counselor was a male and used a Client-Centered approach and the Ss were not actively involved with the counselor but rather viewed the interview on film. Taking into account the original purpose and above limitations the following conclusions have been drawn.

Professional Title - Counselor Effectiveness

The results of the analysis of variance showed no significant differences between the means of the three occupational treatment groups for either the Counseling Evaluation Inventory, or the Rating Scale of Counseling Effectiveness. On the basis of the

results of this study, there is no evidence to suggest that there is a relationship between the professional title of a counselor and his rated effectiveness.

These results should be viewed in light of the results of the studies reviewed in Chapter II. For example, Atkinson and Carskaddon (1975) concluded that the more prestigious introduction resulted in higher ratings of counselor effectiveness. The findings of this study are not consistent with that conclusion. However, Atkinson et al. used only one professional group, Psychologist, and varied not only title (Dr. and Mr.) but also number of years of experience and use of psychological jargon. The present study was different in that it examined the effects of only one of the variables mentioned above, professional title, using three distinct professions. Group I was informed that the counselor was an M.D., however, he was never addressed as Dr. No mention was made of the counselor's years of experience, and use of psychological jargon was held constant as all groups viewed the same counselor. Therefore, although the findings of the present study are not consistent with those of Atkinson et al., the focus of the two studies was somewhat different.

In another related study, Di Nardo (1975) found that more weight was given to the opinion of a Psychiatrist than to the opinion of a Psychologist in the area of diagnostic assessment. He concluded that the greater weight of the psychiatrist's opinion

reflects the higher status of psychiatrists. If, as Di Nardo suggests, psychiatrists have a higher status than psychologists, it seemed likely that they would be rated as more effective counselors. The fact that in the present study no differences were found in the rated effectiveness of the psychiatrist and the psychologist suggests that Di Nardo's conclusion may be limited to the area of diagnostic assessment.

In sum, this suggests that while experience may be a critical variable within a given profession, that across professions the differentiation of being an M.D. with a residency in Psychiatry as opposed to having completed graduate training in Psychology or Social Work does not produce different results in terms of rated effectiveness. But, more important, the findings of this study suggest that rated effectiveness in counseling may not be related to professional title.

One of the implications of the above results for further research may be that neutral raters of counseling effectiveness will not be influenced in their ratings by the professional title of the counselor they have been asked to rate. Further speculation on these results suggests, with respect to counseling services, that the professional titles of the counselors may not be a major factor in determining the client's satisfaction with the service. In other words, knowledge of the professional title of the counselor may not make a difference in how the service provided is evaluated

by the client.

Preferred Referral Choice

No significant differences existed between the three treatment groups for referral choice. However, when the totals were summed across the groups on question 46 a definite ranking of the three professions emerged. Psychologists were the most preferred with a total of 65 out of 120, Psychiatrists were next with a total of 40 out of 120, and Social Workers were last with a total of 15 out of 120. These results are similar to those of Simon (1973) except that the order of preference of Psychologist and Psychiatrist are reversed. This reversal may in part be accounted for by the fact that the population sampled consisted of Education undergraduates enrolled in an introductory counseling course.

The limitation of the population to Education students in itself suggests an implication for Social Workers, and, to a lesser extent Psychiatrists. Teachers are frequently consulted in regards to the referral of students with emotional problems. If the results of this study are a reflection of teacher attitudes then it is likely that Psychologists will be their preference.

Speculating further afield, there is one additional implication of these results which pertains to the area of counseling services. The findings of this study suggest that knowledge of a counselor's title may not influence his rated effectiveness. However, independent of treatment conditions, the Ss have indicated definite preferences

for one profession over another. Therefore, while the counselor's title may not influence the evaluation of the counseling provided at a particular service it may be of considerable importance in determining the type of service a prospective client initially approaches for an appointment.

Criterion Instruments

As there was no information available on the reliability and validity of the Rating Scale of Counseling Effectiveness, and there is some question as to the reliability and validity of the CEI, it is possible this contributed to the insignificant findings. However, the reliability coefficients reported for the CEI are generally in line with those of other process and outcome measures reported in the literature (Cartwright, Kirtner & Fiske, 1963).

Implications for Further Research

1. A larger sample drawn from the general population should be used to determine to what extent these results can be generalized. It might be of interest to study specific populations such as arts or science students, medical students, nurses or hospitalized patients in order to examine the differences produced by educational orientation and/or experiences.

2. A replication of this study using different types of therapy (i.e. Gestalt, Behavior Modification, Rational - Emotive) might be carried out to determine whether the results of this study can be generalized to cover the areas of counseling or therapy

in general.

3. Further research which more directly addresses the question of individual preferences for referring to particular professions is indicated. If one can rule out effectiveness as the source of preferring one profession over another, then what is it that is associated with professional titles that results in one being preferred over another?

4. The titles of Psychiatrist, Psychologist and Social Worker were used in this study because they are seen by the author as being the three major professions involved in the mental health field. However, there are other groups (i.e. clergymen, psychiatric nurses, lay counselors) involved in counseling, and it might be of interest to include these groups in any similar research done on this topic.

5. One of the questions arising from the results of the present study relates to the Ss' ability to differentiate between the specific roles of each of the three professional categories studied. For example, it was suspected that the particular population used here, because of their educational experience, might have more information about the role of a Psychologist than of the roles of Psychiatrist or Social Worker. As it seems likely that the amount of information possessed by the Ss about these roles will vary, and that this might affect choice for referral, further research should investigate this variable more fully.

Conclusions

The results of this research do not indicate any relationship between professional titles and rated therapeutic effectiveness. There was, however, support for significant differences in preferred choice for referral.

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APPENDIX A

APPENDIX A

What you are about to see is the first ten minutes of a counseling interview. The counselor, or therapist in this case, is a fully qualified Psychiatrist. That is, he has completed his medical training including a residency in Psychiatry. The client has been selected from the people who have requested appointments from a clinic.

After the film you will be asked to complete the following pages of this handout. You might read over the questions at this time in order to have a better idea of the type of information you will need to complete them. If you have any questions at this time, please raise your hand.

APPENDIX A (cont'd)

What you are about to see is the first ten minutes of a counseling interview. The counselor, or therapist in this case, is a fully qualified Psychologist. That is, he has successfully completed a graduate program in Psychology, and is a certified Psychologist. The client has been selected from the people who have requested appointments from a clinic.

After the film you will be asked to complete the following pages of this handout. You might read over the questions at this time in order to have a better idea of the type of information you will need to complete them. If you have any questions at this time, please raise your hand.

APPENDIX A (cont'd)

What you are about to see is the first ten minutes of a counseling interview. The counselor, or therapist in this case, is a fully qualified Social Worker. That is, he has successfully completed a graduate program in Social Work, and is a certified Social Worker. The client has been selected from the people who have requested appointments from a clinic.

After this film you will be asked to complete the following pages of this handout. You might read over the questions at this time in order to have a better idea of the type of information you will need to complete them. If you have any questions at this time, please raise your hand.

APPENDIX B

APPENDIX B

COUNSELING EVALUATION INVENTORY

1. *	The client distrusted the psychiatrist.	A O S R N
2.***	The psychiatrist gave the impression of "feeling at ease".	A O S R N
3. *	The psychiatrist accepted the client as an individual.	A O S R N
4. **	The client appeared to feel at ease with the psychiatrist.	A O S R N
5.***	In opening the conversation, the psychiatrist was relaxed and at ease.	A O S R N
6. *	The psychiatrist acted as if he had a job to do and did not care how he accomplished it.	A O S R N
7.***	The psychiatrist acted uncertain of himself.	A O S R N
8. *	The psychiatrist acted cold and distant.	A O S R N
9. *	The psychiatrist was very patient.	A O S R N
10.***	The psychiatrist was awkward in starting the interviews.	A O S R N
11. **	The psychiatrist's comments helped the client see more clearly what he needs to do to gain his objectives in life.	A O S R N
12. **	The client appeared to feel comfortable in his interviews with the psychiatrist.	A O S R N
13.***	The psychiatrist seemed restless while talking to the client.	A O S R N
14. *	The psychiatrist insisted on being right always.	A O S R N
15. *	The psychiatrist acted as though he thought the client's concerns and problems were important to him.	A O S R N

APPENDIX B (Cont'd)

16.*** Other people could be helped by talking with this psychiatrist. A O S R N

17. * I believe the psychiatrist had a genuine desire to be of service to the client. A O S R N

18. * The psychiatrist acted as if he were better than the client. A O S R N

19. ** The client seemed to feel satisfied as a result of his talks with the psychiatrist. A O S R N

*Counseling Climate **Client Satisfaction ***Counselor Comfort

Items are answered according to the following categories:

Always, Often, Sometimes, Rarely, Never

APPENDIX B (Cont'd)

COUNSELING EVALUATION INVENTORY

1. *	The client distrusted the psychologist.	A O S R N
2.***	The psychologist gave the impression of "feeling at ease".	A O S R N
3. *	The psychologist accepted the client as an individual.	A O S R N
4. **	The client appeared to feel at ease with the psychologist.	A O S R N
5.***	In opening the conversation, the psychologist was relaxed and at ease.	A O S R N
6. *	The psychologist acted as if he had a job to do and did not care how he accomplished it.	A O S R N
7.***	The psychologist acted uncertain of himself.	A O S R N
8. *	The psychologist acted cold and distant.	A O S R N
9. *	The psychologist was very patient.	A O S R N
10.***	The psychologist was awkward in starting the interviews.	A O S R N
11. **	The psychologist's comments helped the client see more clearly what he needs to do to gain his objectives in life.	A O S R N
12. **	The client appeared to feel comfortable in his interviews with the psychologist.	A O S R N
13.***	The psychologist seemed restless while talking to the client.	A O S R N
14. *	The psychologist insisted on being right always.	A O S R N
15. *	The psychologist acted as though he thought the client's concerns and problems were important to him.	A O S R N

APPENDIX B (Cont'd)

16.***	Other people could be helped by talking with this psychologist.	A O S R N
17. *	I believe the psychologist had a genuine desire to be of service to the client.	A O S R N
18. *	The psychologist acted as if he were better than the client.	A O S R N
19. **	The client seemed to feel satisfied as a result of his talks with the psychologist.	A O S R N

*Counseling Climate **Client Satisfaction ***Counselor Comfort

Items are answered according to the following categories:

Always, Often, Sometimes, Rarely, Never

APPENDIX B (Cont'd)

COUNSELING EVALUATION INVENTORY

1. *	The client distrusted the social worker.	A O S R N
2.***	The social worker gave the impression of "feeling at ease".	A O S R N
3. *	The social worker accepted the client as an individual.	A O S R N
4. **	The client appeared to feel at ease with the social worker.	A O S R N
5.***	In opening the conversation, the social worker was relaxed and at ease.	A O S R N
6. *	The social worker acted as if he had a job to do and did not care how he accomplished it.	A O S R N
7.***	The social worker acted uncertain of himself.	A O S R N
8. *	The social worker acted cold and distant.	A O S R N
9. *	The social worker was very patient.	A O S R N
10.***	The social worker was awkward in starting the interviews.	A O S R N
11. **	The social worker's comments helped the client see more clearly what he needs to do to gain his objectives in life.	A O S R N
12. **	The client appeared to feel comfortable in his interviews with the social worker.	A O S R N
13.***	The social worker seemed restless while talking to the client.	A O S R N
14. *	The social worker insisted on being right always.	A O S R N
15. *	The social worker acted as though he thought the client's concerns and problems were important to him.	A O S R N

APPENDIX B (Cont'd)

16.*** Other people could be helped by talking with this social worker. A O S R N

17. * I believe the social worker had a genuine desire to be of service to the client. A O S R N

18. * The social worker acted as if he were better than the client. A O S R N

19. ** The client seemed to feel satisfied as a result of his talks with the social worker. A O S R N

*Counseling Climate **Client Satisfaction ***Counselor Comfort

Items are answered according to the following categories:

Always, Often, Sometimes, Rarely, Never

APPENDIX B (Cont'd)

RATING SCALE OF COUNSELOR EFFECTIVENESS

		A-1	A-2	A-3	A-4	A-5	
20.	sensitive	____	____	____	____	____	insensitive
21.	relevant	____	____	____	____	____	irrelevant
22.	nervous	____	____	____	____	____	calm
23.	confident	____	____	____	____	____	hesitant
24.	skilled	____	____	____	____	____	unskilled
25.	attentive	____	____	____	____	____	unattentive
26.	comfortable	____	____	____	____	____	uncomfortable
27.	interesting	____	____	____	____	____	dull
28.	confused	____	____	____	____	____	sensible
29.	confident	____	____	____	____	____	doubts his ability
30.	gloomy	____	____	____	____	____	cheerful
31.	calm	____	____	____	____	____	jittery
32.	intelligent	____	____	____	____	____	unintelligent
33.	irresponsible	____	____	____	____	____	responsible
34.	sincere	____	____	____	____	____	insincere
35.	apathetic	____	____	____	____	____	enthusiastic
36.	tense	____	____	____	____	____	relaxed
37.	colorful	____	____	____	____	____	colorless
38.	boring	____	____	____	____	____	interesting
39.	formed	____	____	____	____	____	formless
40.	unreal	____	____	____	____	____	real

APPENDIX B (Cont'd)

		A-1	A-2	A-3	A-4	A-5	
41.	sociable	____	____	____	____	____	unsociable
42.	shallow	____	____	____	____	____	deep
43.	careless	____	____	____	____	____	careful
44.	polite	____	____	____	____	____	rude

Place a check (✓) in the slot which most appropriately describes the therapist's behavior.

APPENDIX B (Cont'd)

A-1 A-2

45. Would you refer a relative to this therapist? Yes:_____ No:_____

46. If given a choice, I would refer a client such as Gloria to a...

(fill in)

A-1 for Psychiatrist

A-2 for Psychologist

A-3 for Social Worker

A-1 A-2

47. Do you recognize the therapist? Yes:_____ No:_____

48. The person I viewed on the film was a:

(fill in)

A-1 for Psychiatrist

A-2 for Psychologist

A-3 for Social Worker

APPENDIX C

APPENDIX C

SUMMARY OF ONE-WAY ANOVA OF TREATMENT GROUPS MEAN AGES

Source	DF	MS	F	P
Age (years)	2	45.28	1.88	0.158